

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 07-MAY-2014		TIME 00:16:00	2. ADDRESS OF OCCURRENCE 248 W NORTH AVE CHICAGO, IL 60610				3. LOCATION CODE 303	4. BEAT/OCCUR 1814							
MEMBER INVOLVED  SUBJECT INFORMATION  REASON FOR USE OF FORCE (Check all that apply)	5. POSITION 9161	6. LAST NAME YANEZ	7. FIRST NAME JUAN A	8. STAR NO. 18438	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F S	10. RACE CODE S	11. AGE 507	12. HT. 195	13. WT.						
	14. DATE OF APPT. 16-MAR-1998	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 018 1813R	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
	20. LAST NAME DOE	21. FIRST NAME JOHN	22. M.I.	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F BLK	24. RACE	26. O.O.B.	26. HT.	27. WT.							
	28. ADDRESS CHICAGO, IL	29. TELEPHONE NO.	30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No										
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? NORTHWESTERN MEMORIAL HOSPITAL	34. BY WHOM?	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized	36. APPARENTLY NORMAL <input type="checkbox"/> 04 Not Hospitalized	37. REFUSED MEDICAL CARE <input type="checkbox"/> 05 Refused Medical Aid										
	38. DNA	39. SUBJECT'S ACTIONS		40. MEMBER'S RESPONSE	41. PASSIVE RESISTER	42. ACTIVE RESISTER	43. ASSAULT/ASSAULT	44. ASSAULT/BATTERY	45. ASSAULT DEADLY FORCE						
		DID NOT FOLLOW VERBAL DIRECTION	<input checked="" type="checkbox"/>	FLED	<input checked="" type="checkbox"/>	IMMINENT THREAT OF BATTERY	<input checked="" type="checkbox"/>	ATTACK WITH WEAPON	<input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM	<input type="checkbox"/>				
		STIFFENED (DEAD WEIGHT)	<input checked="" type="checkbox"/>	PULLED AWAY	<input checked="" type="checkbox"/>	OTHER		ATTACK WITHOUT WEAPON	<input type="checkbox"/>	WEAPON	<input type="checkbox"/>				
		OTHER		OTHER				OTHER		OTHER					
	46. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)	47. ADDITIONAL INFORMATION													
48. POSITION	STAR NO.	UNIT													
49. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN	50. OC/CHEMICAL WEAPON <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	51. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	52. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial	53. WEATHER CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Good Artificial	54. MEMBER PRESENCE	55. MEMBER'S RESPONSE	56. TASER DART ID NO C6200ARXH	57. WEAPON SERIAL NO. (Include Letters) ZZX300657	58. CHICAGO GUN REG. NO	59. IL FIREARM OWNER ID NO	60. HANDGUN CERTIFICATE NO				
50. SPECIAL WEAPON CERTIFICATE NO.	51. PROPERTY INVENTORY NO.	52. TYPE OF AMMUNITION USED	53. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 2	54. MODEL	55. BARREL LENGTH	56. CALIBER/GAUGE	57. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	58. TOTAL NO. OF SHOTS MEMBER FIRED	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	63. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	64. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
65. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	66. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.	68. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)	69. DATE REVIEWED 07-MAY-2014 04:05:54	70. TIME 04:05:54	71. RD. NO. HX25161	72. CASE INFO. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.	73. REPORTING MEMBER (Print Name) YANEZ, JUAN A 07-MAY-2014 04:04:36	STAR/EMPLOYEE NO. [REDACTED]	SIGNATURE [REDACTED]	74. REVIEWING SUPERVISOR (Print Name) BERNATH, WILLIAM J	STAR NO. 1820	SIGNATURE [REDACTED]	DATE REVIEWED 07-MAY-2014 04:05:54	TIME 04:05:54
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.															

100# 1069288  
Attachment 6

## WEAPON DISCHARGE INCIDENT

39. <input type="checkbox"/> DNA	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN	04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS <b>CLEAR</b>		
49. TASER DART ID NO. <b>C6200ARXM</b>	50. WEAPON SERIAL No. (Include Letters) <b>ZZX300657</b>	51. CHICAGO GUN REG. NO.	52. IL FIREARM OWNER ID. NO.	53. HANDGUN CERTIFICATE NO.			
54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. <b>2</b>	58. TOTAL NO. OF SHOTS MEMBER FIRED			
59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO OF CARTRIDGES/SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT						
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)						

**1412700205**

THE EVENT NO

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HEREIN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE       DNA       REFUSED       UNABLE TO INTERVIEW (Specify Reason)

Subject is hospitalized and cannot be interviewed at this time.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on what is known at this time, a preliminary determination has been made that the actions of the officers in this incident are within department guidelines. Officer Yanez fired his taser at an active resister who resisted being handcuffed on two occasions and then attempted to flee. During the subject's attempt to flee, he ran into a light pole, which caused him to injure himself rendering him unconscious. Further investigation will be conducted by the Independent Police Review Authority and the Area Central Detective Bureau.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.       I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/JCRNO. 1069000 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name) <b>VELEZ, CARLOS E</b>	SIGNATURE 	DATE COMPLETED <b>07-MAY-2014 04:18:00</b>	TIME
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79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:	<input type="checkbox"/> SUPPLEMENTARY REPORT <input type="checkbox"/> CASE REPORT <input type="checkbox"/> ARREST REPORT	<input type="checkbox"/> I.O.D. REPORT <input type="checkbox"/> OFFICER BATTERY REPORT <input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES) <input type="checkbox"/> CR INITIATION REPORT	80. TOTAL TRR's THIS EVENT No. <b>1</b>
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